

<i>SERFF Tracking Number:</i>	<i>FFDC-125639646</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Automobile Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>FARGL0208</i>		
<i>TOI:</i>	<i>05.2 Commercial Multi-Peril - Liability Portion</i>	<i>Sub-TOI:</i>	<i>05.2000 CMP Sub-TOI Combinations</i>
	<i>Only</i>		
<i>Product Name:</i>	<i>General Liability Liquor Liability Revised Rate Filing</i>		
<i>Project Name/Number:</i>	<i>General Liability Liquor Liability Revised Rate Filing/FARGL0208</i>		

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: General Liability Liquor Liability SERFF Tr Num: FFDC-125639646 State: Arkansas

Revised Rate Filing

TOI: 05.2 Commercial Multi-Peril - Liability SERFF Status: Closed State Tr Num: EFT \$100

Portion Only

Sub-TOI: 05.2000 CMP Sub-TOI Combinations Co Tr Num: FARGL0208 State Status: Fees verified and received

Filing Type: Rate Co Status: Pending Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Hilary Cheda Disposition Date: 05/13/2008

Date Submitted: 05/09/2008 Disposition Status: Filed

Effective Date Requested (New): 06/01/2008 Effective Date (New):

Effective Date Requested (Renewal): 06/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: General Liability Liquor Liability Revised Rate Filing

Project Number: FARGL0208

Reference Organization:

Reference Title:

Filing Status Changed: 05/13/2008

State Status Changed: 05/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Following review of the liquor liability climate in Arkansas, we would like to amend our filing NARGL074.334 per the enclosed state page aCG-LIQ-AR Edition 03-08. This page replaces the previously filed Edition 07-90. To facilitate your review, a marked copy denoting changes from the prior edition is also enclosed.

SERFF Tracking Number: FFDC-125639646 State: Arkansas

First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: FARGL0208

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
Only

Product Name: General Liability Liquor Liability Revised Rate Filing

Project Name/Number: General Liability Liquor Liability Revised Rate Filing/FARGL0208

We look forward to the Department's approval of our filing, with a proposed effective date of June 1, 2008.

Company and Contact

Filing Contact Information

Hilary Cheda,
777 San Marin Drive
Novato, CA 94998
hcheda@ffic.com
(415) 899-6968 [Phone]
(866) 290-0671[FAX]

Filing Company Information

American Automobile Insurance Company	CoCode: 21849	State of Domicile: Missouri
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1608585	

Associated Indemnity Corporation	CoCode: 21865	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1708002	

Fireman's Fund Insurance Company	CoCode: 21873	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-3290 ext. [Phone]	FEIN Number: 94-1610280	

National Surety Corporation	CoCode: 21881	State of Domicile: Illinois
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 36-2704643	

The American Insurance Company	CoCode: 21857	State of Domicile: Nebraska
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-0731810	

SERFF Tracking Number: FFDC-125639646 State: Arkansas

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Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$100.00 for rate filing only.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Automobile Insurance Company	\$0.00	05/09/2008	
Associated Indemnity Corporation	\$100.00	05/09/2008	20209475
Fireman's Fund Insurance Company	\$0.00	05/09/2008	
National Surety Corporation	\$0.00	05/09/2008	
The American Insurance Company	\$0.00	05/09/2008	

Created by SERFF on 05/13/2008 10:27 AM

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Disposition

Disposition Date: 05/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Company Tracking Number: FARGL0208

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
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Product Name: General Liability Liquor Liability Revised Rate Filing

Project Name/Number: General Liability Liquor Liability Revised Rate Filing/FARGL0208

Item Type	Item Name	Item Status	Public Access
Supporting Document	Marked Up Copy	Filed	Yes
Supporting Document	Arkansas Certificate	Filed	Yes
Supporting Document	Property and Casualty Document	Filed	Yes
Supporting Document	Rate/Rule Filing Schedule	Filed	Yes
Rate	CG-LIQ-AR	Filed	Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *FFDC-125639646* *State:* *Arkansas*
First Filing Company: *American Automobile Insurance Company, ...* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *FARGL0208*
TOI: *05.2 Commercial Multi-Peril - Liability Portion* *Sub-TOI:* *05.2000 CMP Sub-TOI Combinations*
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Product Name: *General Liability Liquor Liability Revised Rate Filing*
Project Name/Number: *General Liability Liquor Liability Revised Rate Filing/FARGL0208*

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	CG-LIQ-AR	03 08	Replacement	NARGL074.334	aCG-LIQ-AR, ed 03 08.pdf

Commercial General Liability Guide (a) Rates

Liquor Liability Rates (Subline Code 332)

The following rates are applicable in: **ARKANSAS**

Code No	Description	Occurrence Rates per \$1,000 Gross Sales
70412	Clubs	\$3.33 - \$7.60
50911	Manufacturers, Wholesalers and Distributors selling alcoholic beverages for consumption off-premises	\$0.55 - \$1.27
59211	Package Stores and other retail establishments selling alcoholic beverages for consumption off-premises	\$2.28 - \$5.06
50880	Restaurants with liquor sales less than 50% of total sales	\$4.86 - \$10.56
58161	Taverns, Hotels, Motels including package sales	\$5.59 – 12.65
58169	Temporary Licensees	\$250 Flat Charge

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Supporting Document Schedules

Review Status:
Satisfied -Name: Marked Up Copy Filed 05/13/2008
Comments:
Attachment:
aCG-LIQ-ARMarked Copy.pdf

Review Status:
Satisfied -Name: Arkansas Certificate Filed 05/13/2008
Comments:
Attachment:
NARGL0208 Arkansas Certificate.pdf

Review Status:
Satisfied -Name: Property and Casualty Document Filed 05/13/2008
Comments:
Attachment:
NARGL0208 arpctd-1.pdf

Review Status:
Satisfied -Name: Rate/Rule Filing Schedule Filed 05/13/2008
Comments:
Attachment:
NARGL0208 orrrfs-1.pdf

Commercial General Liability Guide (a) Rates

Liquor Liability Rates
(Subline Code 332)

The following rates ~~and multipliers~~ are applicable in: **ARKANSAS**

Code No	Description	Occurrence Rates per \$1,000 Gross Sales	Mature Claims-Made Rates per \$1,000 Gross Sales
70412	Clubs	<u>\$3.33 - \$7.60</u> \$-.73	\$.66
50911	Manufacturers, Wholesalers and Distributors selling alcoholic beverages for consumption off- premises	<u>\$0.55 - \$1.27</u> \$-.12	\$.11
59211	Package Stores and other retail establishments selling alcoholic beverages for consumption off- premises	<u>\$2.28 - \$5.06</u> \$-.50	\$.48
50880	Restaurants with liquor sales less than 50% of total sales	<u>\$4.86 - \$10.56</u> \$1.07	\$1.03
58161	Taverns, Hotels, Motels including package sales	<u>\$5.59 - 12.65</u> \$1.23	\$1.18
58169	Temporary Licensees	\$250 Flat Charge	\$250

Claims-Made Multipliers

Multiply the above rates by the following:

Year in Claim Made

1	_____	.89
2	_____	.95
3	_____	.99
4	_____	1.00
5	— mature	1.00

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, William Paukovitz, Vice President of
(Name) (Title of Authorized Officer)

Fireman's Fund Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against

the company.

3. Pursuant to Ark. Code Ann. §23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number NARGL0208

Signature of Authorized Officer ►

A handwritten signature in cursive script, appearing to read "William Paukovitz".

Name of Authorized Officer ► William Paukovitz

Title of Authorized Officer ► Vice President

Email address of Authorized Officer ► wpaukovi@ffic.com

Telephone # of Authorized Officer ► (415) 899-4014

Date ► April 3, 2008

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us AID PC SelfCert (4/30/03)

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Fireman's Fund Insurance Company	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Fireman's Fund Insurance Company	California	21873	94-1610280	
The American Insurance Company	Nebraska	21857	22-0731810	
National Surety Corporation	Illinois	21881	36-2704643	
Associated Indemnity Corporation	California	21865	22-1708002	
American Automobile Insurance Company	Missouri	21849	22-1608585	

5. Company Tracking Number	NARGL0208
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Hilary Cheda 777 San Marin Drive Novato, CA 94998	Regulatory Analyst	415.899.6968	866.290.0671	hcheda@ffic.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Hilary Cheda

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	5.2/5.2000
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 06/01/2008 Renewal: 06/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	April 3, 2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	NARGL0208
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Following review of the liquor liability climate in Arkansas, we would like to amend our filing NARGL074.334 per the enclosed state page aCG-LIQ-AR Edition 03-08. This page replaces the previously filed Edition 07-90. To facilitate your review, a marked copy denoting changes from the prior edition is also enclosed.

We look forward to the Department's approval of our filing, with a proposed effective date of June 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	NARGL0208
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NARGL0208

☒ Rate Increase

☐ Rate Decrease

☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		File and Use				
4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Fireman's Fund Insurance Company	NA	.21%	1,222	64	584,026	3.01	0.0
Medium Insurance Company							
4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	NA	
5b.	Overall percentage rate impact for this filing	.21%	
5c.	Effect of Rate Filing – Written premium change for this program	1,222	
5d.	Effect of Rate Filing – Number of policyholders affected	64	

6.	Overall percentage of last rate revision	1.0
7.	Effective Date of last rate revision	12/01/2007
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and use

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	aCG-LIQ-AR, edition 03 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NARGL074.334
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

These pages are informational only and do not need to be submitted with your filings!

Notes for Rate/Rule Filing Transmittal

DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE

RATE/RULE FILING SCHEDULE

1. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

2. This filing corresponds to form filing number: Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. Filing Method (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the filing is being submitted. See State Specific Requirements.

4. Rate Change by Company: Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
 - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
 - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
 - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

5a. Overall percentage rate indication (when applicable): These fields are only to be completed when an actuarial indication is included in the filing submission.

5b. Overall percentage rate impact for this filing: This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

5c. Effect of Rate Filing—Written Premium Change for this program: This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

5d. Effect of Rate Filing—Number of policyholders affected: This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

6. Overall percentage of last rate revision: This is the statewide average of the last percentage change implemented in the state.

7. Effective Date of last rate revision: This is the implementation date of the last overall percentage rate impact.

8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the last filing was submitted. See State Specific Requirements.

9. Rule # or Page # Submitted for Review: This is the list of changes to the rate/rule manual.

To be complete a filing must include the following:

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)